

# Work Order ID 91549

\*91549\*

Page 1

October-12-12 11:35:54 AM

Item ID: D3297-3-0350

Accept

\*N900040100\*

Setup Start \*NS1\*

Revision ID:

Stop \*NS2\*

Item Name: HOSE ASS'Y

Start Date: 10/11/12 Start Qty: 4.00

\*4\*

Cust Item ID:

Required Date: 10/11/12 Req'd Qty: 4.00

\*4\*

Customer:

Reference:

Approvals: Process Plan: ALJ Date: 12-10-12 Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

Run Start \*NR1\*

QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Stop \*NR2\*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr	Revision Nbr
D3297	Rev D

100 0.00

\*100\*

PURCHASING

Purchasing

Memo

0.00

Purchasing

Create D2729-1 label and include with W/O

Issue P/O: 18127

Hose Assembly as per Dwg D3297

Possible Supplier: API

Material release note is required

CL 12/10/12 (4)

110

Receive & Inspect for Damage & Mat'l Certs 0.00

\*110\*

Packaging

Memo

0.00

Packaging

Ensure Material Release Note is attached

P4/4/12

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>					
<b>Root Cause</b>	<b>Date</b>	<b>Step</b>	<b>Qty</b>	<b>Description of work order update or Non-conformance</b>	<b>Initial Chief Eng</b>	<b>Action Description</b>	<b>Sign &amp; Date</b>	<b>Verification</b>	<b>QC Inspector</b>		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											

FAULT CATEGORY				
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other

# Work Order ID 91549

\*91549\*

Page 2

October-12-12 11:35:54 AM

Item ID: D3297-3-0350

Accept

\*N900040100\*

Setup Start \*NS1\*

Revision ID:

Stop \*NS2\*

Item Name: HOSE ASS'Y

Start Date: 10/11/12 Start Qty: 4.00

\*4\*

Cust Item ID:

Required Date: 10/11/12 Req'd Qty: 4.00

\*4\*

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run Start \*NR1\*

QC:

Date:

SPC (Y/N):

Date:

Stop \*NR2\*

Sequence ID/  
Work Center ID

Operation  
Description

Set Up/  
Run Hours

Tool ID

Tool #

Plan  
Code

Accept  
Qty

Reject  
Qty

Reject  
Number

Insp:  
Stamp

120

QC6- Inspect dimensions to drawing

0.00



12/10/22

\*120\*

QC

Memo

Quality Control

130

Small Fab

0.00

\*130\*

Small Fab

Memo

Install D2729-1 as per Dwg D3297  
using D2182-045 Heat Shrink  
Batch: 326009

0.00

(4)

Ø

FF  
12-10-22

140

QC5- Inspect part completeness to step on W/O

0.00

SMB

\*140\*

QC

Memo

Quality Control

0.00 12.10.22

4

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>					
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Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											

FAULT CATEGORY											
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other

# Work Order ID 91549

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Page 3

October-12-12 11:35:54 AM

Item ID: D3297-3-0350

Accept

\*N900040100\*

Setup Start \*NS1\*

Revision ID:

Stop \*NS2\*

Item Name: HOSE ASS'Y

Start Date: 10/11/12 Start Qty: 4.00 \*4\*

Cust Item ID:

Required Date: 10/11/12 Req'd Qty: 4.00 \*4\*

Customer:

Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

Run Start \*NR1\*

QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Stop \*NR2\*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
150	Identify as per dwg & Stock Location: <u>ST/92</u>	0.00							
<b>*150*</b>									
Packaging	Memo	0.00				4			12/10/23 JB
Packaging									
160	QC21- Final Inspection - Work Order Release	0.00							
<b>*160*</b>									
QC	Memo	0.00							12/10/24 JB
Quality Control									

12-10-23

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>					
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Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											

FAULT CATEGORY				
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled  <input type="checkbox"/> Other	

# Picklist Print

October-12-12 11:35:54 AM

Page 1

Work Order ID: 91549

Parent Item: D3297-3-0350

Parent Item Name: HOSE ASS'Y

Start Date: 10/11/12

Required Date: 10/11/12

Start Qty: 4.00

Required Qty: 4.00

Comments: IPP: A04.11.25New issueKJ/RF

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
156005-6D0350 HOSE ASS'Y		Purchased	No			110	Each	0.0000	1	4		12/1/12 (4)	
D2182-045 Heat Shrink 4.5" Long		Manufactured	No	B 26009		130	Each	0.0000	1	4	4 (4)	FF-12-10-22	

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>					
<b>Root Cause</b>	<b>Date</b>	<b>Step</b>	<b>Qty</b>	<b>Description of work order update or Non-conformance</b>	<b>Initial Chief Eng</b>	<b>Action Description</b>	<b>Sign &amp; Date</b>	<b>Verification</b>	<b>QC Inspector</b>		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											

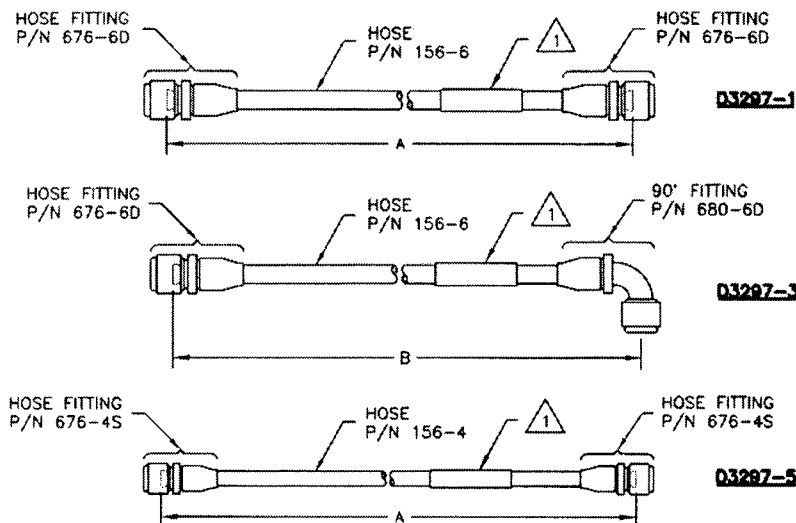
FAULT CATEGORY				
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other





DESIGN H	DRAWN BY H	DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA	
CHECKED H	APPROVED H	DRAWING NO. D3297	REV. D SHEET 1 OF 1
DATE 05.01.21		TITLE HOSE ASSEMBLIES	SCALE NTS
A	04.07.06	NEW ISSUE	
B	04.11.01	STRATOFLEX P/N WAS AEROQUIP P/N	
C	04.11.18	T50 CORRECTED TO TSO	
D	05.01.21	CORRECT STRATOFLEX P/N	

RELEASED  
05-01-21



HOSE SPECIFICATION				
DART P/N	STRATOFLEX P/N	VENDOR	A	B
D3297-1-0098	156001-6D0096	API	9.75	
D3297-1-0130	156001-6D0130	API	13.00	
D3297-1-0121	156001-6D0121	API	12.13	
D3297-3-0085	156005-6D0085	API		8.50
D3297-3-0210	156005-6D0210	API		21.00
D3297-3-0350	156005-6D0350	API		35.00
D3297-5-0410	156001-4S0410	API	41.00	

D3297-1-XXXX HOSE ASSEMBLY } WHERE XXXX REPRESENTS  
D3297-3-XXXX HOSE ASSEMBLY } HOSE LENGTH IN TENTHS OF INCH  
D3297-5-XXXX HOSE ASSEMBLY }

EG: 12.125" LONG: D3297-1-0121  
41.00" LONG: D3297-5-0410  
8.50" LONG: D3297-3-0085

**NOTES:**

- 1) IDENTIFY WITH DART P/N & B/N USING D2729-1 LABEL INSTALLED WITH D2182-045 HEAT SHRINK
- 2) TOLERANCES ARE PER DART QSI 018 UNLESS OTHERWISE NOTED
- 3) ALL DIMENSIONS ARE IN INCHES
- 4) HOSE ASSEMBLIES TO MEET THE REQUIREMENTS OF TSO-C53a TYPE "A"

SHOP COPY  
RETURN TO  
ENGINEERING  
UNCONTROLLED COPY  
SUBJECT TO AMENDMENT  
WITHOUT NOTICE  
WORK ORDER  
NO. 91549 MC5  
12-10-12

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Dart Aerospace Ltd.  
1270 Aberdeen Street  
Hawkesbury, ON K6A 1K7  
Tel: 613 632 9577  
Fax: 613 632 1053

## PURCHASE ORDER

Purchase Order ID PO18127

Purchase Order Date 10/15/12

PO Print Date 10/16/12

Page Number 1 of 1

Order From :

VC-AER002

AEROSPACE PRODUCTS INTERNATIONAL  
P.O. BOX 223, STATION M  
CALGARY, AB T2P 2H6  
CA

Contact Name		Buyer	Chantal Lavoie
Vendor Phone	800 214 7404	Requisition Nbr	
Vendor Fax	800 214 8875	Tax Resale Nbr	10127-2607
Vendor Account Nbr		Terms	Net 30
		Currency	CAD
		FOB	Destination-Collect

Ship To : DART AEROSPACE LTD 1270 ABERDEEN  
HAWKESBURY, ON K6A 1K7  
CANADA

REOISE

Line Nbr	Reference Revision ID Vendor Part Number	Description/ Mfg ID	Req Date/ Taxable	Req Qty/ Unit of Measure	Ship Method	Unit Price	Extended Price
1	156005-6D0350	HOSE ASS'Y	10/22/12 Yes	4.00 Each	FedEx PI collect	\$133.2500	\$533.00

Special Inst: AS PER DWG D3297 REV. D.  
B91549

PO Total:

\$533.00

CERTIFICATE OF CONFORMITY  
REQ'D UPON DELIVERY

Change Nbr:

2

Change Date: 10/16/12

No substitution or deviation without  
consent.  
Certificate of Conformity or Material  
Certification required - YES NO



API  
2461 46th Ave.  
LACHINE QC H8T 3C9  
CANADA

Page 1 of 1  
10/18/2012 15:12:35

# Pack List

**Shipping Address**

DART AEROSPACE LTD.  
1270 ABERDEEN STREET  
HAWKESBURY ON K6A 1K7  
CANADA

**Forwarding Agent's Address****Shipping Instructions**

Detailed Shipping Instructions at the  
end of the document

**Packing Instructions**

Detailed Packing Instructions at the  
end of the document

**Information**

Document Number	81047545
Document Date	10/18/2012
Purchase Order No.	PO18127
Purchase Order Date	10/15/2012
Sales Order Number	933832
Sales Order Date	10/15/2012
Customer Number	6100481
Shipping Conditions	FXPri 1D (Intl 1-3D)
Incoterms	
Cust Ship Acct	
Delivery Date	10/19/2012
Bill of Lading	
Total Volume	0.004 IN3
Carrier	PUROLATOR COURIER

Item	Material	Material Description	Quantity	Weight	Batch Num
10	156005-6D- 0350 Batches 0002993407 (PO:4500186999)	156-6 HOSE ASSEMBLY	4 EA	0 LB	
Shipping and Packing Instructions					

**\*\*CERTIFICATE OF CONFORMANCE\*\***

I hereby certify that the aircraft parts described hereon were acquired from a source of supply that is consistent with the conditions under which Transport Canada distributor approval number 77-98 has been granted.

Authorized Signature

*Rw*





## Certificate of Conformance

Customer API MONTREAL

Sales Order# 4500186999 PO#     

Date 10/16/2012

Part#	Qty
156005-6D-0350	4
517110122	

We hereby certify that all the above parts, including all materials, have been manufactured, tested, inspected and packed in conformance with all of the requirements of your order and the applicable government specifications & standards. Records of tests, inspection and certification indicating the above conformance are on file at Aerospace Products International and are available for your examination.

It is further certified that on any hose assemblies marked with a TSO, parts and/or materials reflected therein were produced under Federal Aviation Administration approved manufacturing quality control systems/methods as set forth in the FAA issued technical standard order authorized (TSOA) issued to Stratoflex and (b) such parts and/or material are new and are in condition for safe operation.

If applicable, satisfactory compliance with the conditions and test required for TSO approval indicates the hose assembly has met the minimum performance standards as stated in the TSO. Furthermore, it is the responsibility of the installer to determine the installation eligibility and that it will not cause the hose assembly to be subjected to conditions in excess of those for which it has been approved.

For API 